Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address:

Austin Skeletal Trauma
P.O. Box 1847
Austin, TX 78767

MFDR Tracking #: M4-06-6240-01

[redacted]

Respondent Name and Box #: 15

ACE USA/ESIS

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCU[redacted]

Requestor's Position Summary stated on the Table of Disputed Services: "These claims have been mailed and faxed numerous times to ESIS and the adjustor. We have received no response. I have left 2 messages requesting a fax # I can send these claims for prompt handling since AccuMed is no longer processing claims for ESIS. Nobody has returned by calls. Dr. Borer agrees to continue treatment of this patient in good faith. A TWCC-75 is attached and a phone log showing attempts to contact insurance to resolve this matter. It is clear that ESIS is not concerned with the prompt payment of their medical claims. I have also attached a copy of the TWCC-75 and operative notes."

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - $338.86
3. CMS 1500s
4. EOBs

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "Dr. – not on ADL – supporting info sent to Concentra."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

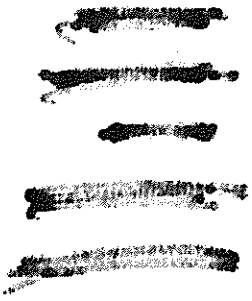
Eligible Dates of Service (DOS)	CPT Codes and Calculations	Denial Codes	Part V Reference	Amount Ordered
02/24/06	CPT Code 10180-78-RT	18	1, 2, 3	$0.00
Total Due:				$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.202, titled *Medical Fee Guideline* effective August 1, 2003, set out the reimbursement guidelines.

The Requestors representative, Monica Warren, emailed Medical Dispute Resolution on January 9, 2007 stating that all claims for 11/01/05 have been paid, but they have not received a response on date of service 02/24/06; therefore, the only remaining date of service in dispute is 02/24/06.

1. Neither party submitted Explanation of Benefits for CPT Code 10180-78-RT for date of service 02/24/06. According to Division Rule at 28 Texas Administrative Code Section Rule 133.307(e)(2)(B) the Requestor did not submit convincing evidence of the carrier receipt of the providers request for an EOB. Therefore, this dispute is not ready for review by Medical Fee Dispute Resolution.



PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311
28 Texas Administrative Code Section. 134.1, Section. 134.202
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is not entitled to reimbursement.

DECISION:

[redacted] Authorized Signature

[redacted] Medical Fee Dispute Resolution Officer

3/7/18 Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.